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CONFIRMATION NO. 4859

|  |   |                               |   |                            |
|--|---|-------------------------------|---|----------------------------|
| <b>SERIAL NUMBER</b><br>10/595,219   | <b>FILING OR 371(c) DATE</b><br>11/16/2006<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b> |
| <b>APPLICANTS</b><br>David Helton, Foothill Ranch, CA;<br>David Fick, Newport Beach, CA;<br>Ernest Pfadenhauer, Costa Mesa, CA;<br>Jason Sharp, San Clemente, CA;  |   |                               |   |                            |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/31743 09/25/2004<br>which claims benefit of 60/505,692 09/25/2003   |   |                               |   |                            |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 05/22/2007</b>   |   |                               |   |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>16  |
| <b>INDEPENDENT CLAIMS</b><br>1   |   |                               |   |                            |
| <b>ADDRESS</b><br>DAVID R. HELTON<br>19 AVIGNON AVENUE<br>FOOTHILL RANCH, CA92610  |   |                               |   |                            |
| <b>TITLE</b><br>Tetrahydroindolone Derivatives for Treatment of Neurological Conditions  |   |                               |   |                            |
| <b>FILING FEE RECEIVED</b><br>215  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |